FOR PROFIT CORPORATION (UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059201
1. Entity Name

- X.

GARY GREENBERG D.M.D., P.A.



FILED
03 NOV 21 AM 10: 14

SECHLIMET CONTATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address						1400054 717774	, , , , , , , , , , , , , , , , , , ,	°64	
	TH FEDERAL HIGHWAY	3. Mailing Address 650 SOUTH FEDERAL HIGHWAY				11/21/030101	0003	**158.75	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State HOLLYW	OOD, FLORIDA	City & State HOLLYWOOD, FLORIDA			4. FEI	Number 65-1113817		Applied For Not Applicable	
33030			Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required				
				la na n	7. Name and Address of Current Registered Agent				
	DO NOT W	RITE		Street Address		GARY GREENBERG, PRESIDENT (P.O. Box Number is Not Acceptable)			
•	IN THIS SP	ACE	6			H FEDERAL HIGHWAY			
1			City HOLLY		00000				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered o	ffice or register	red agent	, or both, in the State of Fl	orida. I am fam	niliar with, and accept	
SIGNATURE Signature, typed or prior for registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						Election Campaign Fire Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		·						
TITLE	P, D	וווד							
NAME CTOSET ADDRESS	DR. GARY GREENBERG	NBERG 650 SOUTH		NAME STREET ADDRESS		1 7			
STREET ADDRESS CITY-ST-ZIP	FEDERAL HWY, HOLLYW			ZIP	-				
TITLE			TITLE						
NAME STREET ADDRESS			NAME STREET AL	ADDRESS		. (
CITY-ST-ZIP				ŽIP .				•	
TITLE			TITLE		-				
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ooress Zip		DO NOT	WRIT	E	
TITLE			TITLE .	,		IN THIS	SPAC	E	
NAME STREET ADDRESS			NAME STREET AL	DORESS .			,		
CITY-ST-ZIP			CITY-ST-						
TITLE			TITLE			1/1	1/26		
NAME			NAMĘ			W.			
STREET ADDRESS			STREET AL	I		γ		, ,	
CITY-ST-ZIP	***************************************		-	LIF _	· · · · · · · · · · · · · · · · · · ·	<u> </u>		•	
TITLE NAME			TITLE		;				
STREET ADDRESS			STREET AL	ODRESS .	+				
CITY - ST-ZIP			CITY-ST-	ZIP -		<u> </u>	·		
12. I hereby of indicated of the corrected attachme	certify that the information supplied with on this report of supplemental report is poration or the nicrover or invisee emp nt with an address, with all other like em	this filing does not qualify fo true and accurate and that r lowered to execute this repo spowered.	r the exempt ny signature rt as require	ion stated in Se shall have the d by Chapter 6	ection 119 same leg 607, Florid	0.07(3)(i), Florida Statutes. al effect as if made under a Statutes; and that my n	I further certify oath; that I am ame appears i	y that the information an officer or director in Block 10 or on an	

DR. GARY GREENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Daytime Phone #



CONFIDENTIAL

November 10th 2003

Reinstatement Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: GARY GREENBERG D.M.D., P.A. Charter# P01000059201

To Whom It May Concern:

The taxpayer and I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. Dr. Gary Greenberg has recently retained my firm to handle his corporate accounting and tax service. I notified the taxpayer that their annual Uniform Business Report for the year of 2003 was not timely filed. Gary Greenberg D.M.D., P.A. informed me that 1) they had no recollection of any annual report-filing requirement and 2) they received no notification regarding such annual filing. Gary Greenberg, D.M.D., P.A. is deeply sorrowful and asks of your consideration in accepting their apology.

I stressed the importance of this annual filing and made my client aware of its purposes. Now that the taxpayer is mindful of this required annual filing, taxpayer will file on a timely basis.

Enclosed you will find the taxpayer's payment of \$158.75 for their 2003 Uniform Business Report. Under these circumstances, we once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

If you have any questions or would like further explanation or documentation please do not hesitate phone me @ 954-704-1040 er 954-682-1120.

Sincers regard

Joel Friend, MAcc/Professor Joel Friend & Associates, Inc. Sincere regards,

Dr. Gary Greenberg

Gary Greenberg, D.M.D., P.A.